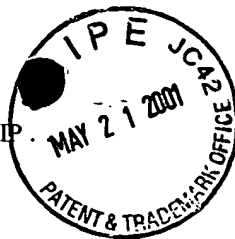


USSA 09/316,938  
AMENDMENT TO INVENTORSHIP  
09/316,938



GAU, 2166  
PATENT #9  
mm  
PATENT 5-2501

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Thorsen et al	Examiner:	RECEIVED
Serial No.:	09/316,938	Group Art Unit:	MAY 24 2001
Filing Date:	May 21, 1999	Docket No.:	1685 Technology Center 2100
Title	Healthcare Payment, Reporting and Data Processing System and Method		

Date of Deposit: 5/14/01

I hereby certify that this paper is being deposited in the United States Postal Service, as first class mail, in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231

Signature:

Printed Name: Stephanie J. Smith

AMENDMENT to INVENTORSHIP  
Pursuant to 37 CFR §1.48(a)

Assistant Commissioner for Patents  
Washington, DC 20231

The Applicants respectfully request the addition of one inventor, Ms. M.Nazie Eftekhari, in the above-identified application for patent.

This amendment is diligently made and is accompanied by:

- A statement from Ms. Eftekhari, the added inventor, that the error in inventorship occurred without deceptive intention on her part;
- Declarations by each actual inventor as permitted by 37 CFR §1.47 with an accompanying Petition and Declaration regarding the unavailability of one inventor;
- Processing fee set forth in §1.17(i)

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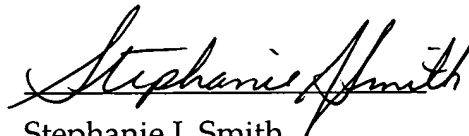
AMENDMENT TO INVENTORSHIP . . .

- Written consent of the assignee, HealthEZ, Inc., as well as an assignment from Ms. Eftekhari to HealthEZ.

This Request is made under 35 U.S.C. §116 and pursuant to 37 CFR §1.48(a). Ms. Eftekhari was not named in this nonprovisional application through error without any deceptive intention on the part of the actual inventors.

Respectfully submitted,  
HEALTHEZ, INC.  
By its attorneys:

Date: 5/14/01



Stephanie J. Smith  
Registration No. 34,437  
Beck & Tysver, P.L.L.P.  
2900 Thomas Ave. South  
Suite 100  
Minneapolis, MN 55416  
Telephone: (612) 915-9636  
Fax: (612) 915-9637



09/316,938

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Thorsen et al	Examiner:	
Serial No.:	09/316,938	Group Art Unit:	
Filing Date:	May 21, 1999	Docket No.:	1685
Title	Reimbursement System		

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MAY 24 2001

Technology Center 2100

Date of Deposit: 5/14/01

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Signature:

Printed Name: Stephanie J. Smith

**Statement of No Deceptive Intention  
By Inventor to Be Added**

Assistant Commissioner for Patents  
Washington, DC 20231

I, M. Nazie Eftekhari, do state that there was no deceptive intention on my part in the previous omission of my name as an inventor of the above-captioned application for patent.

Respectfully submitted,

Signature:

Name: M. Nazie Eftekhari

Date: March 29, 2001



09/316,938

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED

Applicant:	Thorsen, et al	Examiner:	
Serial No.:	09/316,938	Group Art Unit:	
Filing Date:	May 21, 1999	Docket No.:	1685
Title	Healthcare Payment, Reporting and Data Processing System and Method		

MAY 24 2001

Technology Center 2100

Date of Deposit: 5/14/01

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Signature: Stephanie I. Smith

Printed Name: Stephanie I. Smith

CONSENT of Assignee  
For Amendment to Inventorship

Assistant Commissioner for Patents  
Washington, DC 20231

On behalf of the assignee in the above-identified patent application, I hereby consent to the inventorship correction to add M. Nazie Eftekhari.

It is noted that this application was assigned to HealthEZ, Inc. by the three previously named inventors. That assignment is recorded at Reel/Frame 010165/0918. An assignment by Ms. Eftekhari to HealthEZ, Inc. is submitted for recordation under separate cover.

For: HealthEZ, Inc.

Signature: Rick Soskin

Name: Rick Soskin

Date: MARCH 29, 2001



Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)  
Approved for use through 9/30/00. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> (37 CFR 1.63)	<b>Attorney Docket Number</b>	1685
	<b>First Named Inventor</b>	M. Thorsen
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	09 / 316,938
	<b>Filing Date</b>	5/21/99
	<b>Group Art Unit</b>	2166
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	<b>OR</b>	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
<b>Examiner Name</b>		Rimell, S.

RECEIVED

MAY 24 2001

Technology Center 2100

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Healthcare Payment, Reporting and Data Processing System and Method

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 05/21/1999 as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

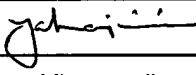
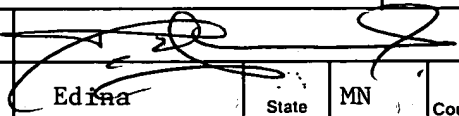
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (3-97)  
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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>1</u> of <u>1</u>
--------------------	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Mazhar				Saeed			
Inventor's Signature						Date	
Residence: City	Brooklyn Park	State	MN	Country	USA	Citizenship	Pakistan
Post Office Address	7009 Candlewood Circle						
Post Office Address							
City	Brooklyn Park	State	MN	ZIP	55445	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Jahan				Hajiani			
Inventor's Signature						Date	4-3-01
Residence: City	Minneapolis	State	MN	Country	USA	Citizenship	USA
Post Office Address	5432 Bryant Avenue South						
Post Office Address							
City	Minneapolis	State	MN	ZIP	55419	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
M. Nazie				Eftekhari			
Inventor's Signature						Date	4-3-01
Residence: City	Edina	State	MN	Country	U.S.A.	Citizenship	U.S.A.
Post Office Address	20 Merilane						
Post Office Address							
City	Edina	State	MN	ZIP	55436	Country	U.S.A.

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